REQUEST FOR PATENT FEE REFUND

10/519844

1 Date of Request: _____	2 Serial/Patent # _____

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing	1	1-13-05	$ 50,
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

7 TOTAL AMOUNT OF REFUND	$ 50

8 TO BE REFUNDED BY:

Treasury Check

10 REASON:

	Credit Deposit A/C #:
✓ Overpayment	9 1 9 -- 5 1 1 3
Duplicate Payment	
No Fee Due (Explanation):	

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _A Johnson_   TITLE: _paralegal_

SIGNATURE: _a Johnson_   PHONE: _3089140_

OFFICE: _PCT_ ***
****
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/90)